



WEBSTER J. GUILLORY
 ORANGE COUNTY ASSESSOR
 630 N. BROADWAY #142
 P.O. BOX 628
 SANTA ANA, CALIFORNIA 92702-0628
 TELEPHONE (714) 834-2779

**20 _____ EXEMPTION FOR PROPERTY USED BY A FREE PUBLIC LIBRARY OR FREE MUSEUM
 CLAIM FOR EXEMPTION FROM PROPERTY TAXES UNDER SECTION 3(d)
 OF ARTICLE XIII OF THE CONSTITUTION OF THE STATE OF CALIFORNIA AND
 SECTIONS 202, 202.2, 254, 259.8 OR 259.9 OF THE REVENUE AND TAXATION CODE.**
(See also sections 251, 255, 260, and 270 of the Revenue and Taxation Code.)

This claim must be filed with the Assessor by February 15.

State of California, County of _____

- _____ states:

(name of person making claim)
1. That as _____

(owner or title, such as president, etc.)
2. of the _____

(name of institution, organization, etc.)
3. the mailing address of which is _____

(give complete address including zip code)
4. that the location of the exempt property is _____

(give complete address including zip code)
5. that this *(check one box)* ☐ library or ☐ museum claim is made for property tax exemption on behalf of the above organization for the 20____–20____ fiscal year on the property listed below. List only property that is owned. Leased property may also be exempt if listed under line 12 on the reverse side; if leased property is listed on the reverse side it is not necessary for the lessor to also claim the exemption on the Lessor's Exemption Claim.

PROPERTY DESCRIPTION	STATE PRIMARY AND INCIDENTAL USE OF PROPERTY DESCRIBED
6. Land: (Legal description or map book, page, and parcel number from most recent tax statement)	6B. Primary use:
6A. Area: (Acres or square feet)	6C. Incidental use:
7. Buildings and Improvements:	7A. Primary use:
Bldg No. No. of No. of Type of or Name Floors Rooms Construction	7B. Incidental use:
8. Personal property: Describe — include costs and acquisitions dates if applicable. <i>(Attach a separate sheet if necessary.)</i>	8A. Primary use:
	8B. Incidental use:

9. Days of the week open to the public _____ Hours of day open _____
- a. Is admittance to the library or museum free? ☐ Yes ☐ No If **no**, explain in detail: _____
- b. If a library, is there a user charge for the use of books, periodicals, or facilities? ☐ Yes* ☐ No
- c. If a museum, is there a charge for viewing the museum contents? ☐ Yes* ☐ No
- d. Is the property, or a portion thereof, for which exemption is claimed a bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? ☐ Yes ☐ No
- If **yes**, a copy of the organization's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income will be levied.
- e. Is any of the property listed above used for sales or business purposes other than a bookstore? ☐ Yes ☐ No
- If **yes**, please explain: _____

*If the answer to 9b or 9c is "yes" and a *BOE-267 Claim for Welfare Exemption*, has not been filed for the property, please contact the Assessor's Office immediately. The deadline for timely filing of a *Claim for Welfare Exemption* is **February 15 of each year**. Where there is a user charge, a *Claim for Welfare Exemption* may be allowed if both the organization and the use of property meet all of the requirements for the exemption.

10. If filing for the first time, attach a copy of lease or agreement. Lease termination date _____.
11. Name and address of the owner of the land and buildings, if other than above _____

12. Is any equipment or other property at this location being leased or rented from someone else? ☐ Yes ☐ No

If **yes**, list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. “Exclusive use” is not required for this exemption, the lessee’s possession is sufficient evidence of use.

The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.

REMARKS

FOR ASSESSOR'S USE ONLY	
Received by _____ <i>(Assessor's designee)</i>	of _____ <i>(county or city)</i>
on _____ <i>(date)</i>	

Whom should we contact during normal business hours for additional information?

NAME _____

ADDRESS (*street, city, state, zip code*)

DAYTIME PHONE NUMBER
()

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

TITLE

DATE _____



THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.